

In This Issue: On Becoming a Child and Adolescent Psychiatrist

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The Summer 2016 issue of *JAACAP Connect* allows us to reflect on what it means to be a child and adolescent psychiatrist. Variety. Helping others. Integration. We are all drawn to the field for different reasons, but in this issue, we highlight inspiration—the inspiration to overcome limitations and help those most in need: the youth and families who struggle with mental illness.

Inspiration begins with early experiences and grows and matures via support, such as that provided by the Klingenstein Third Generation Foundation (KTGF) Games (<http://www.ktgf-games-2016.com/>). These “Games” are the stuff of legend: top medical students from around the country join to learn about child and adolescent psychiatry (CAP) from field leaders. Our first article allows all of us to “virtually” attend the Games, as the topic is drawn from the 2016 KTGF Games’ opening speech. Read along as the inimitable John Schowalter, MD, takes us on his journey through CAP, revealing his observations over the years. To learn more about “fantastic wisdom” and what it means to “make it in medicine,” turn to the opening article and ponder these questions with one of our field’s best.

For many, the journey through CAP involves recognizing the unmet needs of others and working with struggling families. In this issue, Dean and Maneta remind us to step back to recognize and deal with countertransference. Like many of the skills we learn, countertransference provides important information, allowing us to better understand the patient and recognize how our personal feelings, past experiences, and expectations influence our impressions and decision making. Under-

standing countertransference is the first step; recognizing its true impact is a lifelong journey.

Knowledge is power, and one of our most important duties as child and adolescent psychiatrists is outreach to children and their families through education. Rozbruch and colleagues discuss how increasing mental health literacy (MHL) is a fundamental public service that empowers patients to understand and choose the most appropriate treatment options. The authors explain limitations in the current use of MHL and provide tips for working with patients to increase consumer knowledge and therefore improve psychiatric care.

But with all our efforts, if we can’t access the populations most in need, we are missing the mark. Jeffrey and Martini walk us through the integration of CAP within pediatric primary care. After reading this article, you will learn how to lead an integrated behavioral health team, thus extending CAP outreach to the community setting.

The final article of this issue serves as a reminder that children are in need of services all over the globe. The struggle for access to care is ever present in refugee children and their families. Through the eyes of one refugee who “made it out safely,” Lachin discusses the challenges and mental health concerns of today’s refugee children, while taking us on a journey of his own experience as a child refugee.

This issue reveals the troubles, strife, and triumphs that are integral to becoming a child and adolescent psychiatrist. And in keeping with the *JAACAP Connect* mission, each article provides practical tips that you can use today to help advance your skills and improve treatment of children in need locally and around the world.